

Endowment Care Fund Trustee Statement of Fiduciary Responsibility

Washington state law concerning endowment care trustees states: "To be considered qualified as a trustee, each trustee of an endowment care fund appointed in accordance with this chapter shall file with the board a statement of acceptance of fiduciary responsibility, on a form approved by the board, before assuming the duties of trustee. The trustee shall remain in the trustee's fiduciary capacity until such time as the trustee advises the cemetery board in writing of the trustee's resignation of trusteeship." RCW 68.44.115

Acceptance of endowment care fund trusteeship

Name of cemetery/endowment care association	
Address	
Trustee name	
Trustee Address	Trustee (Area code) Telephone

I hereby accept the appointment as an endowment care fund trustee.

X

Signature of trustee

State of Washington, County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath and stated that (he/she) was authorized to execute the instrument and acknowledged it as the trustee of this endowment care fund to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Signature _____
Notary

(Seal or stamp)

Name _____
Notary (printed or stamped)

Title _____

My appointment expires _____

Office Use Only

Registration received by _____ Date _____

Resignation of endowment care fund trustee

I hereby resign as trustee of the above named endowment care fund.

X

Signature of trustee

State of Washington, County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath and stated that (he/she) was authorized to execute the instrument and acknowledged it as the trustee of this endowment care fund to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Signature _____
Notary

(Seal or stamp)

Name _____
Notary (printed or stamped)

Title _____

My appointment expires _____

To register: Complete top portion of this form and mail to:
Cemetery Board, Department of Licensing, P.O Box 9012, Olympia, WA 98507-9012.

To resign: Complete resignation portion of this form before a notary public and mail to:
Cemetery Board, Department of Licensing, P.O Box 9012, Olympia, WA 98507-9012.

*The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360)664-6597 or TTY (360)664-8885.*